

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	OPTICAL SYSTEM																				
Application Number : Date : First Named Applicant: Markus Weiss Attorney Docket Number: OST-041076																					
TOTAL FEE AUTHORIZED \$ 770 Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as large entity BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770				Subtotal For Basic Filing Fees: \$ 770								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	1001	770	770																		
			Subtotal For Basic Filing Fees: \$ 770																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	1202	18	0	Independent Claims : 1	0	1201	86	0				Subtotal For Extra Claims Fees: \$ 0	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 20	0	1202	18	0																	
Independent Claims : 1	0	1201	86	0																	
			Subtotal For Extra Claims Fees: \$ 0																		
AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Credit account number: 2041 Expiration Date (YYYYMMDD): 2008-02-29 Authorized name: Jennie Miller Billing address: 60607																					